

## APPROVAL FOR FINAL ISSUANCE

**To: Issuances Manager, Telecommunications and Support Services Branch, ITD**

Number: (If known)

Title:

### Peer Review (Attach additional sheets, if needed)

Respondent's Name and Organization Contacted	Response	Concur/ NonConcur	Resolved Yes/No	If no, explain
AAO, BA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, NAA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, MWA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, NPA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, SAA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, PWA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, MSA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AAO, SPA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
AO, NAL	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CR Staff, OA-ARS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inf. Staff, OA-ARS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSREES	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ERS-COS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NASS-DAFO	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asst. Dep. Admin., AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Director, ITD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Director, EAD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Director, FD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Director, FMD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Director, HRD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATION:** I certify that the attached is ready for final issuance. The necessary staff work is complete, technical content is correct, and the issuance has been edited and proofread. I have enclosed the original paper copy of the directive and a diskette containing an exact electronic version of the text portion of the directive prepared using the Agency standard word processing software.

Approved:

Date:

